

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

1470877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				2		
4				2		
5				2		
6				2		
7				1		
8				1		
9				2		
10				1		
11				1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL CLAIMS						